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Patent
Case No.: 57987US002

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named Inventor: KROPP, MICHAEL A.

Application No.: 10/723827

Group Art Unit: 1711

Filed: November 26, 2003

Examiner: S. Berman

Title: CATIONICALLY CURABLE COMPOSITION

AMENDMENTMail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

| CERTIFICATE OF TRANSMISSION | |
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| 9-6-2006 | <i>Victoria K. Hanson</i> |
| Date | Signed by: Victoria K. Hanson |

Dear Sir:

This is in response to the Office Action mailed on June 22, 2006, and contains the following: (1) a **Listing of Claims** (beginning on page 2) and (2) **Remarks** (beginning on page 6). It is believed that no fee is due with this Amendment, but, if that is incorrect, please charge any requisite fee to Deposit Account No. 13-3723.

Reconsideration of the application is respectfully requested in view of the following amendments and remarks.

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| | | |
|--|---------------------------------------|-------------------|
| FACSIMILE TRANSMITTAL FORM | Application Number | 10/723827 |
| | Confirmation Number | |
| | Filing Date | November 26, 2003 |
| | First Named Inventor | Kropp, Michael A. |
| | Examiner Name | S. Berman |
| Fax: 571-273-8300 | Attorney Docket Number | 57987US002 |
| Total Number of Pages in This Submission: 10 | | |
| Date: September 6, 2006 | Attorney for Applicant: Lucy C. Weiss | |

| ENCLOSURES (check all that apply) | | |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Issue Fee Transmittal <input type="checkbox"/> Amendment Transmittal | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) | <input type="checkbox"/> Petition to Convert a Provisional Application | <input type="checkbox"/> Appeal Communication to Technology Center (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Proprietary Information |
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| <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR § 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts under 35 USC 371 in US Designated/ Elected Office (DO/EOL/US) | <input type="checkbox"/> Request for Refund <input type="checkbox"/> Request for Continued Examination (RCE) Transmittal | |
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| REMARKS: | | |

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